Federal Grant Applications

The following are Applications for Federal Assistance received by the State Clearinghouse **January 16-31, 2007.** The State Clearinghouse reviews federally funded grants mandated by Executive Order 12372. The State Clearinghouse **does not** have information on federally funded grants. Information can be obtained by calling the federal agency funding the grant or by looking in the Catalog of Federal Domestic Assistance.

					Version 7/03
PPLICATION FOR	<u>-</u>	2. DATE SUBMITTED		Applicant Ider	ntifier
EDERAL ASSISTANCE		01/16/07 3. DATE RECEIVED B	YSTATE	State Applicat	ion Identifier
Application	Pre-application	4. DATE RECEIVED B	Y FEDERAL AGENCY	Federal Identi	fier
Construction	Construction	4. DATE RECEIVED			
Non-Construction	Non-Construction				
. APPLICANT INFORMATION egal Name:			Organizational Uni	t:	
•			Department: General Services		
County of Santa Barbara Organizational DUNS:		CONTRACTOR AND THE PROPERTY AND THE PROP	Division:	iole Species Hat	oitet Conservation Plan
1311851151	The second secon	-IV/EA -	Name and telephor	ne number of P	erson to be contacted on matters
Address:	REG	V L	involving this appl	ication (give ar First Name:	ea code)
street: 1105 Santa Barbara (Courthou		1 6 2007	Prefix:	Grady	
Nie.;		1 10 1101	Middle Name Weston		
City: Santa Barbara		OUSE	Last Name	,	
County: Santa Barbara	STATE CL	EARING HOUSE	Williams		
State:	Zip Code 93103	· · · · · · · · · · · · · · · · · · ·	Suffix:		
CA	93103		Email: gwilliams@countyo	ofsh org	
Country: USA			Phone Number (give	e area code)	Fax Number (give area code)
6. EMPLOYER IDENTIFICAT			(805) 568-3083		(605) 568-3249
95-600263	3			CANT: (See ba	ack of form for Application Types)
8. TYPE OF APPLICATION:	; ,	ion Revision	1	•	
N W N Revision, enter appropriate l	ew Continuati	IOU IL MEAIZION	C. County		
it Revision, enter appropriate it (See back of form for description	on of letters.)		Other (specify)		
Other (specify)	Ц		9. NAME OF FEDI U.S. Department	FRAL AGENCY	: nd Wildlife Service
			U.S. Department C	TITLE OF APP	LICANT'S PROJECT:
10. CATALOG OF FEDERA	L DOMESTIC ASSISTA		0 Coato B	arbara haq nurs	ued a method to establish a long-term
		15-615		የዓለት የለ የነበር ላቸ የተቀና	NUNUORISC SPORISS WIN IIINSS
TITLE (Name of Program): Cooperative Endangered Spo	cies Conservation Fund	l		we, land nee lute	e range of the CTS. This plan will prests, provide predictable and
12. AREAS AFFECTED BY	PROJECT (Cities, Count	ies, States, etc.):	streamlined proce	sses in land use	permitting, and ensure economic
City of Santa Maria, County of			viability.		
13. PROPOSED PROJECT			14. CONGRESSIO	DNAL DISTRICT	S OF: b. Project
Start Date:	Ending Date:		a. Applicant 23rd		24th
04/2006	11/2010		16. IS APPLICAT	ION SUBJECT	TO REVIEW BY STATE EXECUTIVE
15. ESTIMATED FUNDING:			ORDER 12372 PR	DDEADDLICAT	ON/APPLICATION WAS MADE
a. Federal	\$	275,000	B. YES. W. AVAI	ABLE TO THE	STATE EXECUTIVE ORDER 1237
b. Applicant	\$	275,000	PRO	CESS FOR REV	IEM ON
	8	.00	DATE	: 01/16/07	
c. State	9		- PRO	GRAM IS NOT	OVERED BY E. O. 12372
d. Local	\$	0 .	ID. NO. 11 1		NOT BEEN SELECTED BY STATE
e. Other	\$	0	- con	DEVOCAM	
f, Program Income	\$	0,	17. IS THE APPL	CANT DELINC	UENT ON ANY FEDERAL DEBT?
				manh an avalans	ation.
g. TOTAL	3	550,000	☐ Yes If 'Yes' a	DI ICATION A	E TRUE AND CORRECT. THE
18. TO THE BEST OF MY	NOWLEDGE AND BEL	IEF, ALL DATA IN THIS	OF THE APPLICANT	AND THE APPL	RETRUE AND CORRECT. THE LICANT WILL COMPLY WITH THE
DOCUMENT HAS BEEN DU ATTACHED ASSURANCES	IF THE ASSISTANCE	SAWARDED.			
a. Authorized Representativ	e	/	M	iddle Name	
Prefix Mr.	First Name / Ggady	/		iddle Name Veston	
Last Name Williams	V. T. I TULX	in.		uffix	N. (1)
h Title	- July		10	305) 568-3083	nber (give area code)
Project manager d. Signature of Authorized R	epresentative		e	Date Signed	1/16/02
	the state of the s		1		

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APPLICATION FOR							Version 7/03	
FEDERAL ASSISTANCE	:		2. DATE SUBMITTED	1	Applicant Identifier			
1. TYPE OF SUBMISSION: Application	Pre-appl	icalion	3. DATE RECEIVED		State Applica	tion Identifier		
Construction	☐ Cons	truction	4. DATE RECEIVED	BY FEDERAL AGENC	Y Federal Ident	Federal Identifier		
Non-Construction		onstruction				-	······	
5. APPLICANT INFORMATION Legal Name:				Organizational U	nlt:			
_		Considerate motorway as personal and		Department:	MIC;			
Los Angeles Conservation Corp	is.		Processing to the second secon	SEA Lab				
Organizational DUNS: 161928122		HE(JEWEN I	Division: Conservation Pro-	grams			
Address:	į.	· · · · · · · · · · · · · · · · · · ·		Name and teleph	one number of pe	erson to be contact	ed on matters	
Street: 605 W. Olympic Blvd., Suite 450)	JAN	1.6 2007	Prelix;	Involving this application (give area code) Prefix: First Name: Mr. Phil			
City: Los Angeles		STATE CLE	ARING HOUSE	Middle Name				
County: Los Angeles			ENVIRON DE COMO EL CITADO EN PRESENTANTE ANTICADA DE CAMBRIO DE CA	Last Name Matero				
State: CA	Zip Code 90015			Suffix:				
Country: USA			***************************************	Émail: pmatero@lacorps	00			
6. EMPLOYER IDENTIFICATIO	N NUMBE	R (EIN):	· · · · · · · · · · · · · · · · · · ·	Phone Number (gl		Fax Number (give a	area code)	
95-400213B]			(213) 747-1872, e		(213) 747-2944		
8. TYPE OF APPLICATION:	r -		455	7. TYPE OF APPL	ICANT: (See bac	ck of form for Applica	ition Types)	
Nov If Revision, enter appropriate lett	er(s) in bo	Continuation	n M Revision	O: Nat for Profit O	rganization			
(See back of form for description	of letters.)	· п .	Other (specify)				
Other (specify)		<u> </u>		9. NAME OF FED National Oceanic		Administration		
10. CATALOG OF FEDERAL D	OMESTIC	ASSISTANC	E NUMBER:	11. DESCRIPTIVE	TITLE OF APPL	ICANT'S PROJECT	I	
TITLE (Name of Program): Habitat Conservation			11-463	communities to th	LACC's Fun Fishing Program will expose youth from LA's inner-city communities to the pleasures of sport fishing while educating them on proper handling and care of the fish they catch.			
12. AREAS AFFECTED BY PR	ÓJECT (C	ilies, Counties	, Stales, etc.):					
County of Los Angeles								
13. PROPOSED PROJECT				14. CONGRESSIO	NAL DISTRICTS	ÓF:		
Start Date:	Ending		•	a. Applicant		b. Project		
05/01/2007 15. ESTIMATED FUNDING:	04/30/2	2009		31	ON SUBJECT TO	36 REVIEW BY STAT	e evenue	
			-	ORDER 12372 PR	OCESS?			
a. Fodoral \$			15,000	THIS	REAPPLICATION	N/APPLICATION WA	S MADE	
b. Applicant \$			6,327	AVAIL	ESS FOR REVIE	ATÉ ÉXECUTIVE O W ON	RUER 12372	
c. State \$, DO	DATE	01/15/2007			
d. Local \$		**************************************	00	b. No. PROG	RAM IS NOT CO	VERED BY E. O. 123	372	
e. Other S		· •		OR PF		T BEEN SELECTE	O BY STATE	
f. Program Income \$	- The Strawnson of	· · · · · · · · · · · · · · · · · · ·	, con		CANT DELINQUE	NT ON ANY FEDER	RAL DEBT?	
g, TOTAL S			00	Thes If Yes" at	och en ovelonetier	n. 💆 No		
18. TO THE BEST OF MY KNO	WI ENGE	AND BELIEF	21,327				AT THE	
DOCUMENT HAS BEEN DULY ATTACHED ASSURANCES IF 1	AUTHORI	ZED BY THE	GOVERNING BODY O	F THE APPLICANT A	ND THE APPLICA	INT WILL COMPLY	WITH THE	
a. Authorized Representative	1=:-+N-			*				
Prefix Mr.	First Nam Bruce	1G		Mid	dle Name	•		
Last Name Seilo				Suf	ix	•	ATTION OF THE PARTY OF THE PART	
b. Tillo Executivo Diractor					elephone Number 3) 362-9000, ext. 2			
d. Signature of Authorized Repre		1		e. C	ate Signed			

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76.1-16-2007 03:00P FROM:UCLA C A A		1(310(206-1091	,	TO:8	B19163233018 P.2/3
APPLICATION FOR FEDERAL ASSISTANCE	2. DATE SUB	MITTED		ppl	cant Identifier
SF 424 (R&R)	3. DATE RECI	EIVED BY STATE		State	Application (densities VED
1. TYPE OF SUBMISSION	4. Federal Ide	entifier			JAN 1 6 2007
Pre-application Changed/Corrected Application					
5. APPLICANT INFORMATION		* Organiza	tional DUN	s: [925393695506LEARING HOUSE
* Legal Name: The Regents of the University of Califor	nia	-			
Department: Office of Contract & Grant Adm	Division: U	niv. of Calif., Los Angele	98		
* Street1: 10920 Wilshire Blvd., Sulte 1200	Street2:				
* City: Los Angeles Cou	unty: Los Angele	98	· s	tate	CA: Califori
Province:	* Country: JNIT	ED ST * ZIP / Postal C	ode: 90024-	140 i	
Person to be contacted on matters involving this applica	ation				
Prefix: *First Name:	Middle Name:		* Last Na		Suffix:
Ms. Barbara	lL		Harris-Ho		
* Phone Number: 310-794-0179 F	ax Number: 31	0-794-0631	Ema	II: []>	harris-holdgrege@resadmin.ucla.edu
6. * EMPLOYER IDENTIFICATION (EIN) or (TIN):		7. TYPE OF APPLIC			
1956006143A1		H: Publ	Ic/State Cont	trolle	Institution of Higher Education
8. TYPE OF APPLICATION: V New		Other (Specify):	Small Bu	elne"	s Organization Type
Resubmission Renewal Continuation	Revision	Women Owned	Jinaii Du		Socially and Economically Disadvantaged
If Revision, mark appropriate box(es).		9. • NAME OF FEDER	RAL AGENCY	/ :	
A. Increase Award B. Decrease Award C. fn	crease Duration	Chicago Service Centr	er		
D. Decrease Duration E. Other (specify)		10. CATALOG OF FE	DERAL DO	ΛES	IC ASSISTANCE NUMBER:
* Is this application being submitted to other agencies?	Yes No	81.049			
What other Agencies?		TITLE: Office of Sci	ence Financi	A A	sistance Program
11. * DESCRIPTIVE TITLE OF APPLICANT'S PROJECT	СТ:				
Community Petascale Project for Accelerator Science	and Simulation				
12. * AREAS AFFECTED BY PROJECT (cities, countil Los Angeles, CA	ies, states, etc.)				
		T			
13. PROPOSED PROJECT: * Start Date * Ending Date		14. CONGRESSIONA a. * Applicant	AL DISTRICT	SUR	t: │ b. * Project
04/01/2007 03/31/2012		30			30
15. PROJECT DIRECTOR/PRINCIPAL INVESTIGATO	R CONTACT IN	FORMATION			
Prefix: *First Name:	Middle Name:		* Last Ne	ame	Suffix:
Dr. Sven			Reiche		
Position/Title: Assistant Researcher	* Organizati		,,		of California
Department: Department of Physics & Astron	Division:	Univ. of Cal	lif., Los Angel	168	
* Street1: 475 Portola Plaza	Street2:			State	CA: Californ
	ounty: Los Ange				
Province:		TED ST * ZIP / Post	L	0095	reiche@ucla.edu
Phone Number: 310-206-4540	ax Number: 31	J-20b-5251	• Em	an:	archa w ucia. au
					OMB Number: 4040-000 Expiration Date: 04/30/200

SF 424 (R&R) APPLICATION FOR FEDERAL ASSISTANCE							Page 2	
16. ESTIMATED PROJECT FUNDING			. * IS A			REVIEW BY STATE EXECU	rive	
a. * Total Estimated Project Funding	545,250.00	a.	YES [THIS PREAF	PLICATION	I/PPLICATION WAS MADE ATE EXECUTIVE ORDER 1237	72	
b. * Total Federal & Non-Federal Funds	545,250.00		PROCESS FOR REVIEW DI		W DN:			
c. * Estimated Program Income	0.00	P	ATE:	01/16/2007				
		b.	ΝО [PROGRAM I	S NOT CO	VENED BY E.O. 12372; OR		
			[PROGRAM I	HAS NOT E	EN SELECTED BY STATE F	OR	
18. By signing this application, I certrue, complete and accurate to t resulting terms if I accept an aw criminal, civil, or administrative	he beat of my know ard. I am aware tha penaities. (U.S. Cod	viedge. I also pr it any false, fict de, Title 18, Sec	ovide Itious, tion 10	the required as , or fraudulent 201)	esurances etatement	find agree to comply with a diricular may subject me to	ny	
Prefix: * First Name:	Mic	ddle Name:			* Last Nam	е:	Suffix:	
Ms. Barbara					Harris-Hold	re)a		
* Position/Title: Contract & Grant Office	er	Organization:	The f	Regents of the U	Iniversity of	Cultornia		
Department: Office of Contract & G	irant Adm	Division:	Univ.	. of Calif., Los Ar	aelegr			
* Street1: 10920 Wilshire Blvd.,	Suite 1200	Street2:						
* City: Los Angeles	County	/: Los Angeles			* St	CA: Californ		
Province:	· Co	ountry: JNITED	ST	* ZIP / Postal C	ode: 9002	4-1406		
* Phone Number: 310-794-0179	Fax Ni	umber: 310-794	-0631		- Email:	harris-holdrege@resadmin.u	cla.edu	
* Signature of Autho Completed on submi	•	/8		Co		Data Signed sipmission to Grants.gov		
20. Pre-application				Ac	id Allachm			
21. Attach an additional list of Proj								
	Add Altachm	ent Laker At	actions	in.∐S ew Atlach	P162,			

OMB Number: 4040-0001 Expiration Date: 04/30/2008

APPLICATION FOR FEDERAL ASSISTANCE		2. DATE SUBMITTED		Applicant Iden	Version 7/03		
1. TYPE OF SUBMISSION: Application	Pre-application	3. DATE RECEIVED BY STATE		State Applicati	ion Identilier		
Construction	Construction	4. DATE RECEIVED	BY FEDERAL AGEN	CY Federal Identif	lier		
Non-Construction	Non-Construction						
5. APPLICANT INFORMATION Legal Name:			Organizational	Jnlt:			
County of Los Angeles			Department: Public Works	Department:			
Organizational DUNS:			Division:				
809-440- Address:	335	AND THE PROPERTY OF A STREET AND THE PROPERTY OF THE PROPERTY	Aviation	hone number of ne	rson to be contacted on matters		
Street:	DECI	THE RESERVE THE PROPERTY OF TH	involving this a	plication (give are			
900 South Fremont Avenue, A-9		THE PERSONS ASSESSED.	Prefix: Mr.	First Name: Ted			
City: Alhambra	JAN S	2 4 200/	Middle Name A.				
County: Los Angeles	A CONTRACT OF	101105	Last Name Gustin				
State: California	Zip CodeSTATE CLE 91603-1331	ARING HOUSE	Suffix:				
Country: USA	3100011001	NAME OF THE PROPERTY OF THE PR	Email: tgustin@ladpw.d	F O			
6. EMPLOYER IDENTIFICATIO	N NUMBER (EIN):	······································	Phone Number (Fax Number (give area code)		
95-6000927			626-300-4602		626-300-4620		
8. TYPE OF APPLICATION:	J		7. TYPE OF APP	LICANT: (See bac	k of form for Application Types)		
☑ Nev		n 🗓 Revision	B. County				
If Revision, enter appropriate lett (See back of form for description	er(s) in box(es) of letters.)	LJ.	Other (specify)				
Other (specify) 9. NAME OF FEDERAL AGENCY: Federal Aviation Administration - Alrports Division				oorts Division			
10. CATALOG OF FEDERAL	OMESTIC ASSISTANC	E NUMBER:	11. DESCRIPTIV	E TITLE OF APPLI	CANT'S PROJECT:		
TITLE (Name of Program): Airport Improvement Program (A	AIP)	20-106	Master Plan Up	Master Plan Update			
12. AREAS AFFECTED BY PR	•	,					
Pacoima Area, City of Los Angel 13. PROPOSED PROJECT	eles, County of Los Ange	eles, California	14 CONCRESS	14. CONGRESSIONAL DISTRICTS OF:			
Start Date:	Ending Date:		a. Applicant	ISTAL BISTAISTS	b. Project		
July 2007	December 2009		24-38 16 IS APRILICA	TION SUBJECT TO	REVIEW BY STATE EXECUTIVE		
			ORDER 12372 P	ROCESS?			
a. Federal \$		118,750			NAPPLICATION WAS MADE ATE EXECUTIVE ORDER 12372		
b. Applicant \$		3,282	PRO	CESS FOR REVIEN	W ON		
c. State \$		2,968	DAT	E: 01/24/07			
d. Local \$. 00	b. No. I PRO	GRAM IS NOT COV	/ERED BY E. O. 12372		
e. Other \$.00		PROGRAM HAS NO	T BEEN SELECTED BY STATE		
f. Program income \$					NT ON ANY FEDERAL DEBT?		
g. TOTAL \$		125,000 ·	☐ Yes If "Yes" ;	utach an explanation	n. 🗷 No		
18. TO THE BEST OF MY KNO DOCUMENT HAS BEEN DULY ATTACHED ASSURANCES IF	AUTHORIZED BY THE	GOVERNING BODY (APPLICATION/PREA OF THE APPLICANT	PPLICATION ARE 1 AND THE APPLICA	FRUE AND CORRECT. THE		
a. Authorized Representative Prefix	First Name			iddle Name			
Prefix Mr.	First Name William		<u> </u>	dfix			
Last Name Higley							
b. Title Deputy Director 1	110			Telephone Number 26-300-4602	(give area code)		
d. Signature of Authorized Repres	1 × 1 × 1 × 1		<u>e</u>	Date Signed			
Previous Edition Usable Authorized for Local Reproduction	on 00			1 7 7	Standard Form 424 (Rev.9-2003) Prescribed by OMB Circular A-102		

APPLICATIO		1	. date submitted January	y 18, 2007	Applicant Identifier OXR 07-1		
FEDERAL AS							
TYPE OF SUBMISSI Application		eapplication	I. DATE RECEIVED BY ST	ATE	State Applicant Identifier		
Construction			I. DATE RECEIVED BY FE	DERAL AGENCY	Federal Identifier NPIAS 3-	-06-0179-26	
Non-Constructio		Non-Construction	***************************************				
5. APPLICANT INFORMATI	ON			T			
Legal Name:	Coun	ty of Ventura		Organizational Unit:	Department of Airpo	rts	
Address (give city, cour	nty, state, and zip co	ode):		Name and telephone nui	imber of the person to be contacted o	n matters involving this application	
Department of Air	ports			Todd McNamee			
555 Airport Way				(805) 388-4200			
Camarillo, CA 930	***************************************					B-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1	
6. EMPLOYER IDENTIFICA	TION NUMBER (EIN):			7. TYPE OF APPLICANT: ((enter appropriate letter in box)	В	
9	5 - 6	0 0 0 9	4 4	A. State B. County	H. Independent SchoolI. State Controlled Inst	Dist. itution of Higher Learning	
8. TYPE OF APPLICAT	ION:			C. Municipal	J. Private University		
	57			D. Township	K. Indian Tribe		
	⊠ New	Continuation	Revision	E. Interstate F. Intermunicipal	L. Individual M. Profit Organization		
If Revision, enter approp	oriate letter(s) in box	e(es):	1.	G. Special District	•		
A. Increase Award	B. De	crease Award C. Incre	ease Duration			The second secon	
D. Decrease Duratio	n Other	(specify):		9. NAME OF FEDERAL AGE	ENCY:		
				Federal Aviation Adm			
		*	W	Western Pacific Regi	.on		
10. CATALOG OF FEDERA ASSISTANCE NUMBE		2 0	1 0 6	11. DESCRIPTIVE TITLE OF	F APPLICANT'S PROJECT: /ement West End (design)		
			L	_	pprox. 8.97 acres) & Aviagation	Easement (Approx. 57.8 Acres)	
TITLE: Airport Im	provement Prog	ram			ncluding Environmental Assessr		
12. AREAS AFFECTED BY	PROJECT (cities, co	ınties, states, etc.):			Considerate and the second second	Service Association and Columnia	
						The latest and the same of the	
	Ven	tura County				CEIVED	
						Att	
					J.A	ECEIVED AN 2 5 2007	
13. PROPOSED PROJECT:	:	14. CONGRESSIONAL DIS	STRICTS OF:		. #	i i	
Start Date	Ending Date	a. Applicant			b. Project STATE	CLEARING HOUSE	
July 2007	December 200	7	19 and 21		A a survey of the second secon	24 minutes and market	
15. ESTIMATED FUNDING:	:		16. IS SPPLICATION	SUBJECT TO REVIEW BY STA	TE EXECUTIVE ORDER 12372 PROCESS	?	
a. Federal		2,000,000.00	- 450 71110		ICATION WAS MADE AVAILABLE TO		
	\$	2,000,000.00			12372 PROCESS FOR REVIEW ON		
b. Applicant	\$	105,263.00	DAT	TE.			
c. State	\$.00.		•			
d. Local	\$.00	-	PROGRAM IS NOT COVER	RED BY E.O. 12372		
o Othor		.00		OR PROGRAM HAS NOT I	BEEN SELECTED BY STATE FOR F	REVIEW	
e. Other	\$.00.)				
f. Program Income	\$	00.	17. IS THE APPLICAN	NT DELINQUENT ON ANY FEDE	ERAL DEBT?		
g. TOTAL	\$	2,105,263.00	Yes	If "Yes," attach an explan	nation.	No	
		LIEF, ALL DATA IN THIS APPLICA E APPLICANT AND THE APPLICA			E DOCUMENT HAS BEEN DULY		
a. Typed Name of Author	orized Representati			b. Title	ector of Airports	c. Telephone number (805) 388-4200	
d. Signature of Authoriz		_			,	e. Date Signed	
		Mim				January 18, 2007	

OMB Approval No. 0348-0043

Previous Editions Not Usable

APPLICATION FOR					Version 7/03
FEDERAL ASSISTANCE		2. DATE SUBMITTED January 16, 2007		Applica CMA 07	nt Identifier 7-1
1. TYPE OF SUBMISSION:		3. DATE RECEIVED BY STATE			pplication Identifier
Application	Pre-application	A DATE DECEMED DV	EEDEDAL AGE	NOV 5	
Construction	Construction	4. DATE RECEIVED BY	FEDERAL AGE		Identifier
Non-Construction 5. APPLICANT INFORMATION	Non-Construction			NPIAS	3-06-0339-25
Legal Name:			Organizationa	l Unit:	
County of Ventura			Department: Department of	Airports	
Organizational DUNS: 129771036		4.00	Division:	Allports	
129771036 Address:			Name and tale		
Street:		*	involving this		of person to be contacted on matters ve area code)
555 Airport Way, Suite B			Prefix:	First Na Todd	
City: Camarillo			Middle Name	rodu	RECEIVED
County: Venutra			Last Name McNamee		JAN 2 5 2007
State:	Zip Code		Suffix:		JAN 2 3 2007
CA Country:	93010		Email:		STATE OF FASH
USA			todd.mcnamee	@ventrua.org	STATE CLEARING HOUSE
6. EMPLOYER IDENTIFICATIO	N NUMBER (EIN):		Phone Number	(give area code)	Fax Number (give area code)
95-6000944			(805) 388-4200	l	(805) 388-4366
8. TYPE OF APPLICATION:		,	7. TYPE OF AP	PPLICANT: (Se	ee back of form for Application Types)
If Revision, enter appropriate lett (See back of form for description	er(s) in box(es)	n 🛭 Revision	Other (specify)		
Other (specify)			9. NAME OF FI Federal Aviatio		ICY: n, Western Pacific Region
TITLE (Name of Program): Airport Improvement Program 12. AREAS AFFECTED BY PROVENERS COUNTY		20-106	Construct Para TW "B" inclu Extend Aircraft	illel Taxiway fro iding drainage (Holding Apron	APPLICANT'S PROJECT: m Taxiway "A" to "C" & High Speed exit design) Taxiway "A" & rehabilitate West Hangar g drainage, ph 3 (construction)
13. PROPOSED PROJECT			14. CONGRES	SIONAL DISTR	UCTS OF:
Start Date:	Ending Date:		a. Applicant	OIOII/IL DIOII	b. Project
July 2007 15. ESTIMATED FUNDING:	December 2007		23 & 24	ATION OUR IE	24
			ORDER 12372 I	PROCESS?	CT TO REVIEW BY STATE EXECUTIVE
a. Federal \$ b. Applicant \$		2,089,050	J ^{a. res.} □ AV		ATION/APPLICATION WAS MADE HE STATE EXECUTIVE ORDER 12372
		57,724			·
c. State \$		52,226		TE:	
d. Local \$		00	D. 140.		T COVERED BY E. O. 12372
e. Other \$			FO!	R REVIEW	AS NOT BEEN SELECTED BY STATE
f. Program Income \$		•	17. IS THE APP	PLICANT DELI	NQUENT ON ANY FEDERAL DEBT?
g. TOTAL \$		2,199,000	Yes If "Yes"	attach an expla	anation.
DOCUMENT HAS BEEN DULY ATTACHED ASSURANCES IF T	AUTHORIZED BY THE	, ALL DATA IN THIS APP GOVERNING BODY OF 1	LICATION/PREATHE APPLICANT	APPLICATION TAND THE AP	ARE TRUE AND CORRECT. THE PLICANT WILL COMPLY WITH THE
a. Authorized Representative Prefix Mr.	First Name Todd		 	Middle Name	
Last Name McNamee	I roud			Suffix	
b. Title Director of Airports	MONE				umber (give area code)
d. Signature of Authorized Repre	sentative			(805) 388-4200 e. Date Signed	
, J				February 2, 200	06

APPLICATION FOI FEDERAL ASSIST		2. DATE S	SUBMITTED Applicant Identifier				and the state of t	
1. TYPE OF SUBMISSI	ON:	3. DATE RECEIVED BY STATE			State A	pplication Identific	er	
Application Pr	eapplication		MANUFACTURE STATE OF THE STATE	COLUMN TO THE PROPERTY OF THE				
Construction	Construction		RECEIVED E	Y FEDERAL	Federal	Identifier		
Non-Construction	Non-Construction	AGENCY						
5. APPLICANT INFOR	MATION							
Legal Name: Tere Clay		attianas et elektrika et elektri	Organizational Unit: Clay Books					
Address (give city, county, State, and zip code): 1708 Broadway, Oceanside, ca 92054			Name and phone number of person to be contacted on matters involving this application (give area code): $760/214\text{-}0662$					
6. EMPLOYER IDENTIFICATION NUMBER (EIN):			7. TYPE OI	APPLICANT:	(ente	er appropriate lette	r in box) L	
20-51	49590		A. State B. Count	_		nt School Dist. rolled Institution of	Higher	
8. TYPE OF APPLICAT	ION:		C. Munic	ipai J. F	'rivate Uni	•		
✓ New Continuation Revision			D. Towns E. Interst		ndian Tribe ndividual	9		
If Revision, enter appropriate letter(s) in box(es)			F. Interm	unicipal M. F	rofit Orgai			
A. Increase Award B. Decrease Award			G. Specia	SCHOOL CONTRACTOR STATE OF THE PROPERTY OF THE	other (Spe	СПУ).		
C. Increase Duration D. Decrease Duration E. Other (specify):				9. NAME OF FEDERAL AGENCY: Office of Women's Business Ownership				
10. CATALOG OF FEDERAL DOMESTIC			11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:					
ASSISTANCE NUMBER:			Upgrade Computer Hardware and Software, Purchase a Training and Reference Media Library.					
00-000		and Kerere	nce Media Librar	у.	REC	IVED		
TITLE:	di calitani des Frantsek noscalaskings signistisk naturkt					1441	A 2007	
12. AREAS AFFECTED Counties, States, etc.)	BY PROJECT: (Citi	es,				JAN Z	9 2007	
San Diego County			STATE CLEARING HOUS					
13. PROPOSED PROJE Start Date	Ending Date		a. Applicant	(ESSIONAL DIS	b. Pro	december of the second	***	
01/01/2007	and the state of t		a. Applicant		15	,		
15. ESTIMATED FUND	Luci		16. IS APP	LICATION SUBJ	ECT TO	REVIEW BY ST	ATE	
a. Federal	\$		EXECUTIV	E ORDER 12372	PROCES	SS?	adalaatektoosaa	
b. Applicant	<u> </u>	4,000.00	a. YES.	MANUALL IN II	IE STATE	EXECUTIVE ORD	MADE DER 12372	
c. State	\$			PROCESS FOR R	EVIEW ON	1 :		
d. Local	\$	- Torring date.	□ b. NO.	PROGRAM IS	NOT COV	/ERED BY E. O. 1	237	
e. Other	\$			OR PROGRAM	A HAS NO	T BEEN SELECT	ED BY STATE	
f. Program Income	\$	10,000.00						
THE CONTRACT OF THE CONTRACT O			Common	APPLICANT DE	-		PERAL DEBT?	
g. TOTAL	A CONTRACTOR OF THE PROPERTY O	14,000.00	Yes		and southern exercised sequences.	n explanation.)		
18. TO THE BEST OF N TRUE AND CORRECT, APPLICANT AND THE AWARDED.	DULY AUTH	ORIZED BY THE	GOVER	NING BODY OF	THE			
a. Type Name of Authorize	d Representative	TO THE RESIDENCE OF THE PARTY O	b. Title	aansuureen valkouskiin suori artaikaja kiritiin tutuloi en sistemaansuuski	c. Tele	phone Number		
Tere Clay	and the second		Owner	na sa	760-2	214-0662		
d. Signature of Authorized Representative Line Clay					1	e Signed -26-0	7	

OMB Number: 4040-0004 Expiration Date: 01/31/2009

Application	for Federal Assis	stance SF-424		Version 02
* 1. Type of Su	ıbmission:	* 2. Type of Application:	* If Revision, select appropriate letter(s):	
Preapplicati	on	✓ New		
✓ Application		Continuation	* Other (Specify)	
Changed/Co	orrected Application	Revision		
* 3. Date Recei	ived:	4. Applicant Identifier:		
Completed by Gra	nts.gov upon submission.	N/A		
5a. Federal En	tity Identifier:		* 5b. Federal Award Identifier:	
N/A			N/A	
State Use Onl	ly:			
6. Date Receiv	ed by State:	7. State Applicat	ion Identifier:	
8. APPLICANT	TINFORMATION:			
* a. Legal Nam	ne: YOUNG CALIFOR	NIANS GROUP HOME, INC.		
* b. Employer/	Taxpayer Identification I	Number (EIN/TIN):	* c. Organizational DUNS:	
20-1935397				
d. Address:				
* Street1:	P. O. BOX 1846			Proceedings of the second of t
Street2:				RECEIVED
* City:	CHINO HILLS			
County:	LOS ANGELES			JAN 2 9 2007
* State:			CA: California	STATE CLEARING HOUSE
Province:				Personal control and control a
* Country:			USA: UNITED STATES	
* Zip / Postal C	Code: 91709			
e. Organizatio	onal Unit:			
Department Na	ame:		Division Name:	
N/A			N/A	
f. Name and o	contact information of	f person to be contacted o	on matters involving this application:	
Prefix:	Mr.	* First Na	ame: RAYMOND	
Middle Name:	DEWAYNE			
* Last Name:	YOUNG			
Suffix:				
Title: PRESID	DENT/EXECUTIVE DIRE	ECTOR		
Organizational	Affiliation:			
None				
* Telephone No	umber: 323-377-0137		Fax Number: 909-992-1257	
* Email: rdy	1966@ca.rr.com			

APPLICATION FOR					Version 7/03
FEDERAL ASSISTANCE		2. DATE SUBMITTED	01/29/2007	Applicant Ide	ntlfier
1. TYPE OF SUBMISSION: Application	Pre-application	3. DATE RECEIVED B		State Applica	tion identifier
Construction	Construction	4. DATÉ RÉCÉIVED E	Y FEDERAL AGENC	Y Federal Ident	filer
Non-Construction	Non-Construction		•		
5. APPLICANT INFORMATION			O	(-)4·	
Legal Name:	· · · · · ·	AND THE RESIDENCE TO SECURE THE PARTY OF THE	Organizational U	inic	
COUNTY OF SAN DIEGO	The state of the s		<u> </u>	PUBLIC WORI	KS
Organizational DUNS: 00-95816	46 RECEIT	V land	Division: AIRPO		
Address:		2007 \	Name and teleph		erson to be contacted on matters
Street:	JAN 3 0	700	Prefix:	First Name:	ea code)
1960 JOE CROSSON DR.		NO HOUSE	Adiddle Nome	Р	ETER
City: EL CAJON	STATE CLEAR	NG FIGURE	Middle Name		
County: SAN DIEGO	Management consumer consumer and consumer consum	and the second s	1	KWATER	
State: CA	Zip Code 92020		Suffix:		1
Country: USA			Email: Peter.	Drinkwater@sdcou	nty.ca.gov
6. EMPLOYER IDENTIFICATIO	N NUMBER (EIN):		Phone Number (g		Fax Number (give area code)
95-6000934	1	•	(619) 956-	, 0001	(619) 956-4801
8. TYPE OF APPLICATION:	J		7, TYPE OF APP	LICANT: (See bad	ck of form for Application Types)
₩ Nev		n 🏻 Revision	6		
If Revision, enter appropriate lett (See back of form for description		*	Other (specify)		
(OCC OXON ON ION TO CODOMIDATOR			Other (apaciny)		•
Other (specify)				DERAL AGENCY: TON ADMINISTRA	TION
10. CATALOG OF FEDERAL	OMESTIC ASSISTANC	E NUMBER:	11. DESCRIPTIV	E TITLE OF APPL	ICANT'S PROJECT:
		20-106			RK - MASTER PLAN UPDATE, SESSMENT ON AIRPORT'S
TITLE (Name of Program):	ORT IMPROVEMENT P				TO ENHANCE OPERATIONAL
12. AREAS AFFECTED BY PR			SAFETY.		
FALLBROOK, SAN DIEGO, CA					
13. PROPOSED PROJECT				ONAL DISTRICTS	OF:
Start Date:	Ending Date:	•	a. Applicant 52		b. Project 48
15. ESTIMATED FUNDING:		•	16. IS APPLICAT		REVIEW BY STATE EXECUTIVE
a. Federal \$		an	ORDER 12372 PR	OCESS?	MARRI ICATIONI MARRIE
		150,000 `	_ a. Yes. Z AVAI	LABLE TO THE ST	N/APPLICATION WAS MADE TATE EXECUTIVE ORDER 12372
b. Applicant \$		4,145	PRO	CESS FOR REVIE	M ON .
c. State \$		3,750	. DATE	: 02/01/07 (FAX)	(916) 323-3018 Altn: Sheila Brown
d. Local \$			b. No. III PROC	SRAM IS NOT CO	VERED BY E. O. 12372
e. Other \$	•	uo .	T ORP	ROGRAM HAS NO	OT BEEN SELECTED BY STATE
f, Program Income \$.00	17. IS THE APPL	CANT DELINQUE	NT ON ANY FEDERAL DEBT?
g. TOTAL 5		455 500		****	
18. TO THE BEST OF MY KNOW	WLEDGE AND BELIEF	157,500 ALL DATA IN THIS AS	PHICATION PREAD	tach an explanation	n. No
ATTACHED ASSURANCES IF T	AN I HOKIZED BY THE	GOVERNING BODY OF	THE APPLICANT A	ND THE APPLICA	INT WILL COMPLY WITH THE
a. Authorized Representative Prefix			<u> </u>		
	First Name PETER	•	Mic	idle Name L.	
Last Name DRINKWATER			Sur	fix	
b. Title DIRECTOR OF COUNTY AIRP	FRTS . 1		c. 1	elephone Number	(give area code)
d. Signature of Authorized Regres	dotsille "	10		19) 956-4800 Date Signed	
- year	CENTUR	rese		01/29/2007	7

* DD1 10 * T10 \1 5	-00		2. DATE SUBMITTED		Applicant ld	Version 7/03	
APPLICATION F FEDERAL ASSIS				9/2007	Applicantic	o, mile	
1. TYPE OF SUBMISSI			3. DATE RECEIVED BY STA	TĘ	Stela Applic	ation Identifier	
		reapplication					
Application Construction		Construction	4. DATE RECEIVED BY FED	ERAL AGENCY	Federal Ide	ntifier .	
□ Non-Construction 5. APPLICANT INFO	ORMATION	Non-Construction					
Legai Name:				Organizationa	i Unit:		
City of Californi	a City, Ca	lifornia		Department:			
Organizational DUNS;				Division:			
Address:						person to be contacted on	
Street: 21000 Hacle	nda Bivd			· · · · · · · · · · · · · · · · · · ·		n (give area code)	
				Prefix:	First Name	Ramon possess and passes in a passes possess	
City: California City				Middle Name;	Η	RECENVED	
County: Kern				Last Name: Pa	antoja	JAN 3 0 2007	
State: California		Zip Code: 93505		Suffix;			
Country: United Sta	ites _			Email; rpantoj	a@heltengineerin	Som TE CLEARING HOUSE	
6. EMPLOYER ÎDEN	TIFICATION	NUMBER <i>EIM</i>):		Phone number	(give area code):	FAX number (give area code):	
95-21	4018	763		(661)	323-6045	(661) 323-0799	
8. TYPE OF APPLICAT	ION:				PPLICANT: (See ba	ck of form for Application Types)	
⊠ Nev	w □ c	ontinuation Rev	lalon	Other (specify)	J		
If Revision, enter approp (See back of form for de-					EDERAL AGENCY		
Other (specify)		-		Department Administrat	•	tion/Federal Aviation	
				1		PLICANT'S PROJECT:	
10. CATALOG OF F	EDERAL DO		· · · · · · · · · · · · · · · · · · ·			Runway 6-24 from 60 feet	
	_	2 0 -	1 0 6	to 75 feet for 60,000 pounds gross aircraft weight, and to remove and replace runway lighting at City of			
TITLE; Airport improve	ement Progra	m			ity Municipal A		
12. AREAS AFFECT		JECT (cities, countles,	states, etc.);		,	•	
City of California 13. PROPOSED PRO				14 CONGRES	SIONAL DISTRICT	'S OF	
Start Ozi		T 5	nding Date	a. Applicant	SIONAL DISTRICT	b. Project	
April, 20		Jı	ıly, 2007	22			
15. ESTIMATED FUN	NDING			1	ATION SUBJECT 1 RDER 12372 PROC	O REVIEW BY STATE	
a. Federal	5	1,7	'97,294 ^{.vu}	a, Yes, 🔯 TH	IS PREAPPLICATION	APPLICATION WAS MADE	
b, Applicant	\$		94,594		OCESS FOR REVIEW	ATE EXECUTIVE ORDER 12972 VON	
c. State	\$.00	DA	TE: 01/29/2007		
d, Local	s.		.00	b, No. 🗆 PR	OGRAM IS NOT COV	ERED BY E. O. 12372	
e, Other	\$.00		PROGRAM HAS NOT	T BEEN SELECTED BY STATE FOR	
i, Program income	\$.00			NT ON ANY FEDERAL DEBT?	
g, TOTAL	\$		91,888 ^{.00}		illach an explanation	⊠ No	
18. TO THE BEST O DOCUMENT HAS BE ATTACHED ASSURA	EEN DULY A	UTHORIZED BY THI	E GOVERNING BODY O	PPLICATION/PR F THE APPLICAN	EAPPLICATION A IT AND THE APPL	RE TRUE AND CORRECT, THE ICANT WILL COMPLY WITH THE	
a. Authorized Represent							
Prefix Mr.		First Name Willian	1		Middle Name W		
Last Name Way					Suffix		
b. Tille City Mana		//			c. Telephone nun (760) 373-717	nber (give area code) '0	
	Heat Real P.	entative			e. Date Signed C	01/26/2007	
Previous Julions Not Us Authorized for Local Rep						Standard Form 424 (Rev.9-2003) Prescribed by OMB Circular A-102	

Standard Form 424 (Rev.9-2003) Prescribed by OMB Circular A-102

SF 424 (H&R) APPLI	F 424 (R&R) APPLICATION FOR FEDERAL ASSISTANCE				
16. ESTIMATED PROJECT FUNDING		17. * IS APPLICATION SUBJECT TO ORDER 12372 PROCESS?	REVIEW BY STATE EXECUTIVE		
a. * Total Estimated Project Funding	42,500.00	a. YES THIS PREAPPLICATION	APPLICATION WAS MADE THE EXECUTIVE ORDER 12372		
o. * Total Federal & Non-Federal Funds	42,500.00	PROCESS FOR REVIEW	(ON:		
c. * Estimated Program Income	0.00	DATE: 01/30/2007			
		b. NO PROGRAM IS NOT COV	RED BY E.O. 12372; OR		
		☐ PROGRAM HAS NOT B REVIEW	EN SELECTED BY STATE FOR		
true, complete and accurate to to resulting terms if I accept an aw criminal, civil, or administrative i agree	the best of my knowledge. I describe that any fall penalties. (U.S. Code, Title 1	ntained in the list of certifications* and also provide the required assurances * se, fictitious, or fraudulent statements 8, Section 1001) obtain this list, is contained in the announcement	ind agree to comply with any or claims may subject me to		
19. Authorized Representative					
Prefix: * First Name:	Middle Name		Suffix:		
Ms. Karen		Marchant			
* Position/Title: Grant Analyst	* Organi:				
Department: Office of Contract & G		UCLA			
* Street1: 10920 Wilshire Blvd.,					
* City: Los Angeles	County: Los An				
Province:			-1406		
* Phone Number: 310-794-1067	Fax Number: 3	10-794-0631 * Email:	kmarchant@resadmin.ucla.edu		
 Signature of Autho Completed on submi 	rized Representative		iate Signed tubmission to Grants.gov		
20. Pre-application		Add Altegring			
21. Attach an additional list of Proj	ect Congressional Districts i	f needed.			
	Ace Attachmenter	Rec Attainment New Afternoon			

OMB Number: 4040-0001 Expiration Date: 04/30/2008